



TOWN OF PLAINFIELD,
CONNECTICUT
**PLANNING AND
ZONING**

Application Number:	_____
Received by:	_____
Date Received:	_____
Fee Paid:	_____

Use and Compliance Application

Any person seeking a Zoning Permit/Use and Compliance, must submit this application, the required fee and any accompanying information that may be required as outlined in Article X of the Town of Plainfield Zoning Regulations. This shall be done prior to an application for a Building Permit for ALL new construction, additions or alterations to any building or property.

For new construction, additions or alterations, please use the second page or a separate sheet for a site drawing, showing the locations of all existing and proposed structures with their distances to the property lines and streets, the dimensions of the property location and distances to any wetland or watercourse, driveway location, septic system or sewer line and well or water line. Some applications may require that a formal site plan be submitted.

Name of Applicant _____

Phone #: _____

Applicant Address: _____

Name of Owner: (If different from applicant) _____

Phone #: _____

Owner Address: _____

If the applicant is not the owner, indicate the applicant's interest in the land: _____

Assessor's Information:

Map _____

Block _____

Lot _____

Location of Property: _____

Zoning District: _____

Description of activity:

RESIDENTIAL COMMERCIAL INDUSTRIAL

NEW CONSTRUCTION: ADDITION ALTERATION

Please briefly explain the business or new use.

Have there been any prior applications made to the Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetland and Watercourse Commission concerning this property. if yes, when:

Please provide a written response to the following questions:

- 1) What is the proposed business name, DBA?
- 2) What is the nature of the business?
- 3) How many employees will be working for this business? (including yourself)
- 4) Will business be conducted on site or at other properties?
- 5) How much square footage will this business occupy?
- 6) Will you have any signage? If yes, where will they be located? (ie: building, free-standing) Drawings of signs with dimensions are required.
- 7) How many off-street parking spaces are available?
- 8) What are the proposed hours of operation?

Important resources for new businesses:

Economic Development – Mary Ann Chinatti 860.230.3028
Fire Marshal – Paul Yellen 860.230.3013
Northeast District Department of Health 860.774.7350
CT Economic Resource Center www.cerc.com 860.571.7136

Signature of Applicant Date

Signature of Owner Date

Staff Review Sheet
(for Office Use Only)

Year lot created _____
How _____
SPR Req. Yes No
Variance Req. Yes No
Location Approval Req. Yes No
IWWC Approval Req. Yes No
 Permit - approved Yes No
 DR - approved Yes No
E&S Plan Req. Yes No
Aquifer Protection District _____
Flood Plain Designation _____
Parking Spaces Req. _____

NDDH Review	Yes	No
WPCA Review	Yes	No
Water Company Review	Yes	No
Fire Marshal Review	Yes	No
District Fire Chief Review	Yes	No
Police Chief Review	Yes	No
CT DOT Review	Yes	No
CT DEP Review	Yes	No
ACE Review	Yes	No
Sign Permit Required	Yes	No
Driveway Permit Req. 25' from an intersection	Yes	No

As Built Plan Req. YES NO

Approved:
Conditions _____

Denied:
Reasons _____

Fire Marshal Date

Zoning Officer Date

Department Head Date